

<i>SERFF Tracking Number:</i>	<i>USLI-125333293</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Liability Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026595</i>
<i>Company Tracking Number:</i>	<i>NP-CAP-07-06</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0022 Other</i>
<i>Product Name:</i>	<i>Non-Profit Community Association Program</i>		
<i>Project Name/Number:</i>	<i>NP-CAP-07-06/NP-CAP-07-06</i>		

## Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Non-Profit Community Association Program      SERFF Tr Num: USLI-125333293      State: Arkansas

TOI: 17.0 Other Liability - Claims Made/Occurrence

SERFF Status: Closed

State Tr Num: AR-PC-07-026595

Sub-TOI: 17.0022 Other

Co Tr Num: NP-CAP-07-06

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Mark Miller

Disposition Date: 11/06/2007

Date Submitted: 10/29/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

## General Information

Project Name: NP-CAP-07-06

Status of Filing in Domicile: Pending

Project Number: NP-CAP-07-06

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/06/2007

State Status Changed: 10/29/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing for your review a new policy jacket, declarations page and renewal certificate to be used with our Non-Profit Community Associations Product. Please note that we are making this change as part of a computer system change. We will not be implementing this change until all states where these forms are being filed have approved them for use, so that it can be activated at the same time in our quote/issuance systems. In addition to filing the above mentioned forms, we are filing the IL 00 17 - Common Policy Conditions and IL 00 21 - Nuclear Energy Liability Exclusion. These forms are currently incorporated into our approved policy jacket for this product. When the new jacket is implemented these two endorsements will be issued as separate endorsements. There were no changes to the content of either one of these forms. There is no rate impact associated with this filing. We look forward to your review

SERFF Tracking Number: USLI-125333293 State: Arkansas  
Filing Company: United States Liability Insurance Company State Tracking Number: AR-PC-07-026595  
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Product Name: Non-Profit Community Association Program  
Project Name/Number: NP-CAP-07-06/NP-CAP-07-06

and approval of this filing

## Company and Contact

### Filing Contact Information

Mark Miller, State Filings Manager mmiller@usli.com  
190 South Warner Road (888) 523-5545 [Phone]  
Wayne, PA 19087-2191 (610) 688-4391[FAX]

### Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania  
190 South Warner Road Group Code: 31 Company Type: Property & Casualty

PO Box 6700  
Wayne, PA 19087-2191 Group Name: Berkshire Hathaway State ID Number:  
Group  
(888) 523-5545 ext. 586[Phone] FEIN Number: 23-1383313  
-----

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
52238	\$50.00	10/05/2007

*SERFF Tracking Number:* USLI-125333293 *State:* Arkansas  
*Filing Company:* United States Liability Insurance Company *State Tracking Number:* AR-PC-07-026595  
*Company Tracking Number:* NP-CAP-07-06  
*TOI:* 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0022 Other  
*Product Name:* Non-Profit Community Association Program  
*Project Name/Number:* NP-CAP-07-06/NP-CAP-07-06

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	11/06/2007	11/06/2007

*SERFF Tracking Number:*      *USLI-125333293*      *State:*      *Arkansas*  
*Filing Company:*      *United States Liability Insurance Company*      *State Tracking Number:*      *AR-PC-07-026595*  
*Company Tracking Number:*      *NP-CAP-07-06*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0022 Other*  
*Product Name:*      *Non-Profit Community Association Program*  
*Project Name/Number:*      *NP-CAP-07-06/NP-CAP-07-06*

## **Disposition**

Disposition Date: 11/06/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: USLI-125333293 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: AR-PC-07-026595

Company Tracking Number: NP-CAP-07-06

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other

Product Name: Non-Profit Community Association Program

Project Name/Number: NP-CAP-07-06/NP-CAP-07-06

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Nuclear Energy Liability Exclusion Endorsement (Broad Form)	Approved	Yes
Form	Common Policy Conditions	Approved	Yes
Form	Universal Policy Declarations	Approved	Yes
Form	Universal Policy Jacket	Approved	Yes
Form	Universal Renewal Certificate	Approved	Yes

SERFF Tracking Number: USLI-125333293 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: AR-PC-07-026595

Company Tracking Number: NP-CAP-07-06

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other

Product Name: Non-Profit Community Association Program

Project Name/Number: NP-CAP-07-06/NP-CAP-07-06

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Nuclear Energy Liability Exclusion Endorsement (Broad Form)	IL 00 21	05/04	Endorsement New nt/Amendment/Conditions		0.00	il-00-21-05-04.pdf
Approved	Common Policy Conditions	IL 00 17	11/98	Endorsement New nt/Amendment/Conditions		0.00	il-00-17-11-98.pdf
Approved	Universal Policy Declarations	UPD	08/07	Declaration News/Schedule		0.00	USL_DEC.PDF
Approved	Universal Policy Jacket Jacket	Jacket	07/07	Other New		0.00	jacket 7-07.pdf
Approved	Universal Renewal Certificate	UPC	08/07	Declaration News/Schedule		0.00	USL_CERT.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT**

**(Broad Form)**

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
FARM COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
PROFESSIONAL LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

**1. The insurance does not apply:**

**A. Under any Liability Coverage, to "bodily injury" or "property damage":**

- (1)** With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
- (2)** Resulting from the "hazardous properties" of "nuclear material" and with respect to which **(a)** any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or **(b)** the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.

**B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.**

**C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:**

- (1)** The "nuclear material" **(a)** is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or **(b)** has been discharged or dispersed therefrom;
- (2)** The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
- (3)** The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion **(3)** applies only to "property damage" to such "nuclear facility" and any property thereat.

2. As used in this endorsement:

"Hazardous properties" includes radioactive, toxic or explosive properties;

"Nuclear material" means "source material", "Special nuclear material" or "by-product material";

"Source material", "special nuclear material," and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof;

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor";

"Waste" means any waste material **(a)** containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and **(b)** resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

**(a)** Any "nuclear reactor";

**(b)** Any equipment or device designed or used for **(1)** separating the isotopes of uranium or plutonium, **(2)** processing or utilizing "spent fuel", or **(3)** handling, processing or packaging "waste";

**(c)** Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

**(d)** Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations;

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material;

"Property damage" includes all forms of radioactive contamination of property.



## COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

### A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

### B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

### C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

### D. Inspections And Surveys

1. We have the right to:
  - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
  - a. Are safe or healthful; or
  - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

### E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

### F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

Renewal of Number

# United States Liability Insurance Company

190 South Warner Road, Wayne, Pennsylvania 19087

A Member Company Of United States Liability Insurance Group

POLICY DECLARATIONS

**No.**

NAMED INSURED AND ADDRESS:

POLICY PERIOD: (MO. DAY YR.) FROM

TO

12:01 AM STANDARD TIME AT YOUR

FORM OF BUSINESS:

MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.  
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

PREMIUM

Commercial Property Coverage Part  
Commercial General Liability Coverage Part  
Commercial Crime Coverage Part  
Commercial Glass Coverage Part  
Commercial Inland Marine Coverage Part  
Professional Liability Coverage Part  
Liquor Liability Coverage Part  
Equipment Breakdown  
Terrorism Coverage  
Other

**PREMIUM PAYABLE AT INCEPTION**

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

Agent:

Issued:

Broker:

By \_\_\_\_\_  
Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

UPD (08/07)

# Commercial Insurance Policy

## **United States Liability Insurance Group**

*A Berkshire Hathaway Company*

**190 South Warner Road  
Wayne, PA 19087-2191  
1-800-523-5545 • [www.usli.com](http://www.usli.com)**

This policy jacket together with the declarations page,  
coverage form and endorsements, if any, complete this policy.

The enclosed declarations designates the issuing company.

## Commercial Insurance Policy

Read your policy carefully!

**This policy consists of:**  
Common Policy Declarations



Coverage Part Declarations



Coverage Forms/Parts (As applicable)



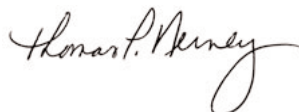
Endorsements (As applicable)

**In Witness Whereof**, the company has caused this Policy to be executed and attested,  
but this Policy shall not be valid unless countersigned by a duly authorized representative of the company.

Treasurer

A handwritten signature in cursive script, appearing to read "John F. Patten".

President

A handwritten signature in cursive script, appearing to read "Thomas P. McKinney".

Renewal of Number

\*\*\* RENEWAL CERTIFICATE \*\*\*

United States Liability Insurance Company

190 South Warner Road, Wayne, Pennsylvania 19087

A Member Company Of United States Liability Insurance Group

POLICY DECLARATIONS

No.

NAMED INSURED AND ADDRESS:

POLICY PERIOD: (MO. DAY YR.) FROM

TO

12:01 AM STANDARD TIME AT YOUR

FORM OF BUSINESS:

MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION:

IN CONSIDERATION OF THE RENEWAL PREMIUM STATED BELOW, EXPIRING POLICY NUMBER XX 0000000 IS RENEWED FOR THE POLICY PERIOD STATED ABOVE. PLEASE ATTACH THIS RENEWAL CERTIFICATE TO YOUR EXPIRING POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.  
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

PREMIUM

Commercial Property Coverage Part  
Commercial General Liability Coverage Part  
Commercial Crime Coverage Part  
Commercial Glass Coverage Part  
Commercial Inland Marine Coverage Part  
Professional Liability Coverage Part  
Liquor Liability Coverage Part  
Equipment Breakdown  
Terrorism Coverage  
Other

PREMIUM PAYABLE AT INCEPTION

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

Agent:

Issued:

Broker:

By \_\_\_\_\_  
Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

UPC (08/07)

<i>SERFF Tracking Number:</i>	<i>USLI-125333293</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Liability Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026595</i>
<i>Company Tracking Number:</i>	<i>NP-CAP-07-06</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0022 Other</i>
<i>Product Name:</i>	<i>Non-Profit Community Association Program</i>		
<i>Project Name/Number:</i>	<i>NP-CAP-07-06/NP-CAP-07-06</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: USLI-125333293 State: Arkansas  
Filing Company: United States Liability Insurance Company State Tracking Number: AR-PC-07-026595  
Company Tracking Number: NP-CAP-07-06  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other  
Product Name: Non-Profit Community Association Program  
Project Name/Number: NP-CAP-07-06/NP-CAP-07-06

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 11/06/2007

**Comments:**

**Attachment:**

industry\_rates\_PCtransDoc\_intelligent.pdf

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	

<b>5. Company Tracking Number</b>	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>				

Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:		Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>				
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			



## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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☐ Rate Increase      ☐ Rate Decrease      ☐ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01		[ ] New [ ] Replacement [ ] Withdrawn	
02		[ ] New [ ] Replacement [ ] Withdrawn	
03		[ ] New [ ] Replacement [ ] Withdrawn	